



Town of LaGrange Parks & Recreation Department

120 Stringham Road

LaGrangeville, NY 12540

845-452-1972 www.lagrangeny.org

Changing Lives...Inspiring Play...Fostering Teamwork!

2016

TOWN OF LAGRANGE FREEDOM PARK FACILITY USE PERMIT APPLICATION

Reserved use of the Freedom Park Pavilions is available by this permit to Residents and/or Organizations from the Town of LaGrange. Proof of residency is required. No proxies. No dogs allowed in the park other than service dogs.

Applicant: _____ Organization: _____

Address: _____

Phone #'s: Home _____ Cell _____ Work _____

E-Mail: _____

Date of Requested Use: _____ Hours: From: _____ to: _____

Be advised: Park gates open at 7:30am and Park closes at Dusk!

Please check facilities being requested: MAIN PAVILION/KITCHEN _____ BALLFIELD PAVILION _____

BANDSHELL _____ FOR WHAT PURPOSE? _____

Type of Function: _____

Bounce House _____ Tent _____ Dance Floor _____ Petting Zoo/Pony Rides _____

Other (Please specify) _____ Removal Plan _____

Approved by: _____

Certificate of Insurance from additional vendors may be required.

Will Town roads be used? (i.e. road race) _____ If so, LaGrange Town Board authorization may be required. A guideline sheet for road use will be provided.

Will alcoholic beverages be provided? _____

Name the person responsible to monitor alcohol consumption: _____

Organization's insurance carrier _____ or self-insured _____

Businesses & organizations must provide a *Certificate of Insurance* naming the "Town of LaGrange as additionally insured" with this application. Submitted _____

Will an admission fee be charged? _____ If yes, amount \$ _____ Will your group be selling anything at this event? _____ Yes _____ No _____ **Office Approval of Associated fees:** _____

Approximate number of persons attending: _____

The applicant shall indemnify and hold the Town of LaGrange , its employees, agents and representatives harmless from all suits, actions, claims of any kind, including attorney's fees brought on account of any personal injuries, property damage or damages of any kind, or violations of any rights, suffered by any persons or property in consequence of neglect in safeguarding contract work , or on account of any act or omission by applicant or its employees, volunteers or participants. In addition, applicant shall indemnify and hold the Town of LaGrange, its employees, agents and representatives harmless from any claims or amounts arising from violation of any law, and for any agents, or assigns related to the performance of this agreement and shall be responsible for all damages, costs, expenses and fees including but not limited to reasonable attorney’s fees associated therewith.

I have read, understand and agree to abide by the Facility Use Rules and Guidelines, as well as the Freedom Park and the Freedom Lake rules associated with my rental of the facility. I have the authority to act on behalf of the above-named organization and I accept responsibility for the actions and behavior of all participants.

Applicant Signature: _____ **Date:** _____

FREEDOM PARK FACILITY RENTAL FEE SCHEDULE

Main Pavilion/Kitchen		Ballfield Pavilion	Swim Package Fees
(1 to 50 people)	\$175.00	\$60.00	(1-25 people) \$75.00
(51 to 100 people)	\$270.00	\$105.00	(26-50 people) \$125.00
(101 to 200 people)	\$385.00	\$155.00	(51-75 people) \$200.00
(201 to 300 people)	\$490.00	\$205.00	(More than 75 swimmers requires special permission from the Recreation Director)
(Over 300 people)	\$690.00	\$265.00	

\$175.00 Cleaning Charge, if applicable:

This cleaning fee must be paid within ten (10) business days after your usage if you have left the facility in unsatisfactory condition. It is the responsibility of the applicant to complete a checklist with the Park Caretaker at the conclusion of the event. If the facility is not left in satisfactory condition, you will be charged time/materials to return the facility to its original condition. No future reservation can be made until the fee is paid. _____ (initial)

I understand I am responsible for my set up and clean up. _____ (initial)

Reservations are made after completed facility use form and payment are received. The Town reserves the right to reject any application and to adjust the fees in their discretion. There is a \$40.00 cancellation fee. No refunds 6 weeks or closer to event.

FOR OFFICE USE ONLY	
Rental fee must accompany application. Checks made payable to: Town of LaGrange	
Main Pavilion Use: ____Approved ____Disapproved / Ballfield Pavilion Use: ____Approved ____ Disapproved	
Swim Package: ____Approved ____Disapproved Copy of Insurance supplied from outside vendors: _____	
Total Amt Paid: \$_____ Cash: _____ Check # _____	
_____	_____
Recreation Dept. Authorized Signature	Date Received